



Charles Gibson Public Library

105 EAST MAIN ST. • BUCKHANNON, WV 26201 • PHONE/FAX: (304) 472-2339

RECEIVED

September 7, 2001

SEP 20 2001

FCC MAIL ROOM

FCC, Office of the Secretary
445 12th St., SW
12th St. Lobby, SW
Washington, D.C. 20554

CC Docket Nos. 96-45 and 97-21

We would like to appeal the decision of rejection on our 471 form for Year 4. We are resubmitting the form with the needed corrections and ask that you please reconsider our application.

Thank you,

Denise Weese,
Director

No. of Copies rec'd 0
List ABCDE

FCC Form 471

Approval by OMB

3060-0806

EV 04

NEC47101-22-0105700842

**Sch
Servic**

Applicant ID: 267921

**vice
rm 471**

This form asks schools and libraries to

charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

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ave ordered and estimate the annualPlease read instructions before beginning this application. (See www.sl.universalservice.org for filing this form online)Applicant's Form Identifier: CWG-01-471

(Create your own code to identify THIS Form 471)

Form 471 Application #: 267921

(To be entered by Fund Administrator)

Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1	Name of Billed Entity (30 characters max.)	<u>Charles W. Gibson</u>		<u>Library</u>
2	Funding Year: July 1, <u>2001</u> through June 30, <u>2002</u>	3	Entity Number (up to 10 digits)	<u>126741</u>
4a	Street Address, P.O. Box, or Route Number	<u>105 E. Main St</u>		
	City	State	Zip Code	
	<u>Buckhannon</u>	<u>WV</u>	<u>26201-2735</u>	
b	Telephone Number (10 digits + ext.)	<u>(304) 472-2339</u> ext. _____		
c	Fax Number (10 digits)	<u>(304) 472-2339</u>		
d	E-mail Address (50 characters max.)	<u>weese-d@clark.lib.wv.us</u>		
5	Type of Application			
	<input type="checkbox"/> School	(public or non-public school)		
	<input type="checkbox"/> School District	(LEA; public or non-public (e.g., diocesan) local district representing multiple schools)		
	<input checked="" type="checkbox"/> Library	(library (i.e. outlet/branch, system))		
	<input type="checkbox"/> Consortium	<input type="checkbox"/> Check here if any members of this consortium are ineligible non-governmental entities.		

6a	Contact Person's Name	<u>Denise Weese</u>		
First, fill in every item of the Contact Person's information below that is different from Item 4, above .				
Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)				
b	<input type="checkbox"/> Street Address, P.O. Box, or Route Number			
	City	State	Zip Code	
c	<input checked="" type="checkbox"/> Telephone Number (10 digits + ext.)	<u>(304) 472-2339</u> ext. _____		
d	<input type="checkbox"/> Fax Number (10 digits)	<u>()</u> _____		
e	<input type="checkbox"/> E-mail Address (50 characters max.)			
f	Holiday/vacation/summer contact information:			

Block 2: Minor Modification to Existing Contract?

7	<input type="checkbox"/> Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.
	Form 471 Application #: <input type="text"/> Funding Request Number: <input type="text"/>
Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.	

Entity Number <u>1216741</u> Contact Person <u>Denise Weese</u>	Applicant's Form Identifier <u>CWG-01-471</u> Phone Number <u>304-472-2339</u>
--------------------------------------------------------------------	-----------------------------------------------------------------------------------

Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served **b** Number of library patrons to be served

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...	BEFORE ORDER	AFTER ORDER
a <i>(Schools/districts/consortia only)</i> Telephone service: How many classrooms had phone service before and after your order?		
b High-bandwidth voice/data/video service: How many buildings served before and after your order?		
c High-bandwidth voice/data/video service: Highest speed to a building before and after your order?		
d Dial-up Internet connections: How many before and after your order?		
e Dial-up Internet connections: Highest speed before and after your order?		
f Direct connections to the Internet: How many before and after your order?		
g Direct connections to the Internet: Highest speed before and after your order?		
h Internet access (for schools): How many rooms have Internet access before and after your order?		
i Internet access (for libraries): How many buildings have Internet access before and after your order?		
j Internet access: How many computers (or other devices) with Internet access before and after your order?		
k Other technology outcomes: (please specify):		

Block 4: Discount Calculation Worksheets *(pages 3a, 3b, and 3c)*

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

Entity Number <u>126741</u>	Applicant's Form Identifier <u>CWG-01-471</u>
Contact Person <u>Denise Weese</u>	Phone Number <u>364-472-2339</u>

Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- _____

Page / of /

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- **Applying for discounts ONLY for an individual school, or ONLY site-specific services:** Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- **Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well):** Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- **Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well):** Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: _____ School District Entity Number: _____

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 ÷ Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Totals for calculating Weighted Average Discount							

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)



Entity Number <u>126742</u>	Applicant's Form Identifier <u>CWG-01-471</u>
Contact Person <u>Denise Weese</u>	Phone Number <u>304-472-2339</u>

Block 4: Discount Calculation Worksheet B For Libraries

Worksheet #B-

Page 1 of 1

Instructions: If you are filing a library application, use this worksheet to calculate the discount rate(s) for outlets/branches and systems.



(For Administrator's Use)

10a If you are:

- **Applying for discounts ONLY for one outlet/branch or ONLY for site-specific services:**
Complete columns 1-5 only for each outlet/branch. Add and number pages as needed.
- **Applying for discounts on services shared by ALL outlets/branches in the library system (with or without site-specific services as well):**
Complete columns 1-5 PLUS 10c below.
- **Applying for discounts on different shared services that are shared by different groups of outlets/branches:**
Complete one worksheet, columns 1-5 PLUS 10c, for EACH different group of outlets/branches sharing a service. Designate this worksheet B-1, B-2, B-3, etc.

10b List entities and calculate discount(s).

Library System Name: _____

Library System Entity Number: _____

1	2	3	4	5
Name of Eligible Library (outlet/branch)	Entity Number (1-10 digits)		Name of School District in which outlet/branch in Column 1 is located	Weighted Average Discount for the School District in Column 4 (round to nearest %)
Charles W Gibson Publib	126742		Upshur County	77%
Totals for calculating Shared Discount				

10c Shared Discount % (Col. 5 total divided by # of outlets/branches in Col. 1. Round to nearest %) →

Entity Number <u>126741</u>	Applicant's Form Identifier <u>CW6-01-471</u>
Contact Person <u>Denise Weese</u>	Phone Number <u>304-472-2339</u>

Block 4: Discount Calculation Worksheet C for Consortia

Worksheet #C-
Page / of /

(For Administrator's Use)

Instructions: If you are filing a Consortium application, use this worksheet to calculate the consortium discount rate based on eligible members' discounts. Provide Worksheets A and/or B for back-up documentation.

10a If you are:

- **Applying for discounts ONLY on site-specific services:**
Complete columns 1-4 only. Add and number pages as needed.
- **Applying for discounts on services shared by ALL members (with or without site-specific services as well):**
Complete columns 1-4 PLUS 10c, below.
- **Applying for discounts on different shared services shared by different groups of consortium members:**
Complete one worksheet, columns 1-4 PLUS 10c, for EACH different group of entities sharing a service. Designate this worksheet C-1, C-2, C-3, etc.

10b List entities and calculate discount(s).

1	2	3	4
ELIGIBLE MEMBER ENTITIES Name of each school, school district and/or library (i.e. outlet/branch, system) in consortium	ENTITY NUMBER For each entity listed in Column 1		ENTITY DISCOUNT School: Discount from Worksheet A, Column 7 School District: Weighted Average Discount from Worksheet A, Item 10c Library System: Discount from Worksheet B, Item 10c
Totals for calculating Shared Discount			

10c Shared Discount %

(Col. 4 total divided by # of entities in Col. 1. Round to nearest %)



Entity Number <u>126741</u>	Applicant's Form Identifier <u>CWG-01-471</u>
Contact Person <u>Denise Weese</u>	Phone Number <u>304-472-2339</u>

Block 5: Discount Funding Request(s)

Block 5, page 1 of 2

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) n/a
12 Form 470 Application Number (15 digits) <u>731640000338922</u>	16 Billing Account Number (e.g., billed telephone number) <u>8004-009-0260</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143001192</u>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>01/17/2001</u>
14 Service Provider Name <u>ATT</u>	18 Contract Award Date (mm/dd/yyyy) <u>01/17/2001</u>
	19a Service Start Date (mm/dd/yyyy) <u>07/01/2001</u>
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>2</u>	20 Contract Expiration Date (mm/dd/yyyy) <u>06/30/2002</u>
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>126741</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____	

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
<u>6⁰⁰</u>	<u>0</u>	<u>6⁰⁰</u>	<u>12</u>	<u>72⁰⁰</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>72⁰⁰</u>	<u>77%</u>	<u>\$55⁰⁰</u>

ATTACHMENT # 2

Account Number	Bill Date	Payment Due Date
020 747 3074 001	JAN 13, 2000	FEB 13, 2000



CHARLES GIBSON PUBLIC LIB
105 E MAIN ST
BUCKHANNON WV 26201-2735

REF # 304 472 2339

AT&T Service

For Customer Care: 1 800 524-2455

ACCOUNT STATUS

PREVIOUS BALANCE	\$1.17 ⁹
PAYMENTS	\$0.00
ADJUSTMENTS	\$0.00
TOTAL CURRENT CHARGES	\$8.56

AT&T Customized Billing

TOTAL AMOUNT DUE

\$7.39

Thank you for using AT&T where every customer counts

2/15/00
40116
PWA/GNO: 6011
2/15/00
11518

PLEASE MAKE CHECKS PAYABLE TO AT&T AND INCLUDE YOUR ACCOUNT NUMBER ON PAYMENT.
PLEASE MAKE SURE THAT THE AT&T P.O. BOX ADDRESS IS SHOWING THROUGH THE ENVELOPE WINDOW.

CHARLES GIBSON PUBLIC LIB
105 E MAIN ST
BUCKHANNON WV 26201-2735

REF # 304 472 2339

Account Number	Bill Date	Payment Due Date
J 747 3074 001	JAN 13, 2000	FEB 13, 2000



AT&T Service

Summary of Charges

EXPLANATION	AMOUNT
MONTHLY CHARGES	
LONG DISTANCE SERVICE AT&T Service Monthly Fee	\$7.50
SUBTOTAL	\$7.50
USAGE CHARGES	
LONG DISTANCE SERVICE OUTBOUND Usage Eligible For Discount	\$0.29
SUBTOTAL	\$0.29
REGULATORY FEES	
LONG DISTANCE SERVICE Universal Connectivity Charge Federal Interstate/International	\$0.52
SUBTOTAL	\$0.52
TAXES	
LONG DISTANCE SERVICE Federal Tax	\$0.25
SUBTOTAL	\$0.25
TOTAL CURRENT CHARGES	\$8.56

Entity Number <u>126741</u>	Applicant's Form Identifier <u>CWG-01-471</u>
Contact Person <u>Denise Weese</u>	Phone Number <u>304-472-2339</u>

Block 5: Discount Funding Request(s)

Block 5, page 2 of 2

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>T</u>
12 Form 470 Application Number (15 digits) <u>731640000338822</u>	16 Billing Account Number (e.g., billed telephone number) <u>304 472 2339 98891</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143001432</u>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>01/17/2001</u>
	18 Contract Award Date (mm/dd/yyyy) _____
	19a Service Start Date (mm/dd/yyyy) <u>07/01/2001</u>
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>06/30/2002</u>
14 Service Provider Name <u>Verizon</u>	20 Contract Expiration Date (mm/dd/yyyy) _____
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>1</u>	
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>126741</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____	

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
\$66 ⁰⁰	0	66. ⁰⁰	12	\$792 ⁰⁰	0	0	0	792 ⁰⁰	77%	\$610 ⁰⁰

ATTACHMENT # 1

© Bell Atlantic

Acct 304 472 2339 988 91

Dec 14 1999

Payment Page

Send with your payment

Amount Due

Notice: Late charge details on Summary page

\$73.51

00004989 1 SP 0.330 01

CHAS W GIBSON
PUBLIC LIBRARY
E MAIN & SEDGWICK ST
BUCKHANNON WV 26201
|||||

Please Pay:
Bell Atlantic-WV
By Jan 13

AMOUNT PAID

\$ **73.51**

Questions call
1 800 544-5663

PO Box 17398
Baltimore MD 21297-0429

12/17/99
0.39538
OK 12/30/99
11481

10930404722339988603422000001142000000000000000007351000000

© Bell Atlantic

Acct 304 472 2339 988 91

Dec 14 1999

Summary

From Last Bill
\$73.50 Last bill
-73.50 Payments
.00 Thank you for your payment

Current charges
68.05 Bell Atlantic
5.46 Taxes/Misc Charges
\$73.51 Subtotal Pay Bell Atlantic-WV by Jan 13

Page
4-5
5

\$73.51 Pay Bell Atlantic-WV

This bill was mailed on Dec 21, 1999.
A late payment charge of 1.0% will apply
to any amounts not received by Jan 13.

10930404722339988603422000001142000000000000000007351000000
Page 1

Do not write in this area

Entity Number 126741 Applicant's Form Identifier CW6-01-441
Contact Person Denise Weese Phone Number 304-472-2339

Block 6: Certifications and Signature

- 24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
- a ☐ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
 - b ☒ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:
- a ☒ an individual technology plan for using the services requested in this application; and/or
 - b ☐ higher-level technology plan(s) for using the services requested in this application; or
 - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a ☐ technology plan(s) has/have been approved; and/or
 - b ☒ technology plan(s) will be approved by a state or other authorized body; or
 - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person Denise Weese 35 Date 1/17/2001

36 Printed name of authorized person DENISE WEESE

37 Title or position of authorized person Director; Librarian

38 Telephone number of authorized person: (304) 472-2339 ext. ----

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

Entity Number <u>126741</u>	Applicant's Form Identifier <u>CW6-01-471</u>
Contact Person <u>Denise Weise</u>	Phone Number <u>304-472-2339</u>

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**



Universal Service Administrative Company
Schools & Libraries Division

FUND YEAR 4 FORM 471-REJECTION LETTER

August 21, 2001

DENISE WEESE
CHARLES W. GIBSON LIBRARY
105 E. MAIN ST
BUCKHANNON, WV 26201-2735

RECEIVED

SEP 20 2001

FCC MAIL ROOM

Re: Applicant's Form Identifier: CWG-01-471
Form 471 Application Number: 267921

Dear Applicant:

This letter is your notification that the entire FCC Form 471, *Services Ordered and Certification Form*, you submitted did not meet Minimum Processing Standards and cannot be processed.

Your Form 471 is enclosed with this letter, which means that the Schools and Libraries Division (SLD) could not process any portion of it. To be considered for E-rate discounts, your application must be corrected and resubmitted. To be considered within the Form 471 filing window for Fund Year 4, your new or corrected application must be postmarked by January 18, 2001. The newly submitted Form must also meet Minimum Processing Standards. Here is an explanation of the specific reason(s) your Form 471 did not meet the Minimum Processing Standards:

- **Block 4 no completed Worksheet (A,B or C) relevant to the Application Type in Block 1 Item 5 "Type of Application" is included and Columns 1 & 2 are both blank.**

We encourage you to respond to this letter as soon as you are able, by resubmitting a corrected Form 471. We also encourage you to visit the SLD Web Site if you have Internet access, at www.sl.universalservice.org. The Web Site provides Minimum Processing Standards, forms, and guidance to complete your Form 471. Additional assistance is available by calling the Client Service Bureau at 1-888-203-8100 and by e-mail at question@universalservice.org. Client Service Representatives are available from 8:00 a.m. to 8:00 p.m. EST, Monday through Friday.

If you disagree with this decision and you wish to appeal to the SLD, your appeal must be made in writing and received by us within 30 days of issuance of this letter. In your letter of appeal, please include: correct contact information for the appellant, information on the decision you are appealing, a copy of this letter and an original authorized signature. Appeals sent by fax, e-mail or phone call cannot be processed. Please mail your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125-Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. You may also call our Client Service Bureau at 888-203-8100. While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC), by sending your notice of appeal to: FCC, Office of the Secretary, 445 12th Street, SW; 12th Street Lobby, SW; Washington, D.C. 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. If you choose to file an appeal with the FCC, your appeal must be received no later than 30 days from the date on this letter.

Schools and Libraries Division

Universal Service Administrative Company

Enclosure:

(1) Form 471



**Schools and Libraries Division
Box 125 – Correspondence Unit
80 South Jefferson Road
Whippany, New Jersey 07981**

**CHARLES W. GIBSON LIBRARY
ATTN: DENISE WEESE
105 E. MAIN ST
BUCKHANNON, WV 26201-2735**

CHARLES W. GIBSON PUBLIC LIBRARY
DENISE WEESE
105 EAST MAIN STREET
BUCKHANNON WV 26201

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